Single Accreditation System for Graduate Medical Education: An Opportunity for Lesbian, Gay, Bisexual, and Transgender Health Education Integration in Osteopathic Medicine

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Osteopathic medical schools educate 1 in 4 medical students in the United States and train a high percentage of physicians who eventually specialize in primary care fields.[1] Osteopathic physicians have been noted to have a strong history of serving underserved areas and providing compassionate, patient-centered care.[2] Thus, they fill critical health care needs and treat patients of various races/ethnicities, ages, sex, sexual orientations, gender identities, abilities, and socioeconomic statuses. Treating these diverse populations in a culturally competent manner requires additional training and education. Given the increased societal awareness of lesbian, gay, bisexual, and transgender (LGBT) issues, the osteopathic medical profession should strive to include more diversity efforts as they relate to this patient population. Such efforts might include ensuring basic medical knowledge (eg, risk factors, incidence rates) pertaining to a given population, cultivating a campus culture of inclusion and exposure to diverse populations, and promoting awareness through the recognition of diversity.

Current Trends in LGBT Health Education

It is estimated that approximately 3.8% of the US population self-identifies as LGBT.[3] This population is often overlooked and stigmatized within the medical system. Research has highlighted the specific health care needs of LGBT individuals, and studies suggest discrepancies exist regarding the standard of care these patients receive.[4] For example, lesbians have a higher prevalence of ovarian cancer; however, they are much less likely to use recommended screening tests.[5] Gay men are at an increased risk of contracting several infectious diseases, including human immunodeficiency virus, human papillomavirus, and hepatitis A.[6] The LGBT population faces distinct issues regarding health risk, mental health, intimate partner violence, and various other medical complications.[4] Furthermore, they are less likely to see a primary care physician on a regular basis and are less likely to practice preventive measures of health.[7]

Many physicians and medical students have reported feeling unprepared to care for LGBT patients.[8] A 2014 survey of students at 6 osteopathic medical schools found that respondents lacked adequate knowledge of LGBT medical issues.[9] Additionally, a subset of students viewed homosexuality negatively and "seemed to indicate that self-identified LGBT patients did not deserve the same treatment as their heterosexual counterparts."[9] A 2015 study reported that osteopathic medical students were less prepared and more uncomfortable caring for LGBT patients than were allopathic medical students.[10] How does the osteopathic medical profession intend to address these trends?

Optimizing Opportunities Under the Single Graduate Medical Education Accreditation System

The Commission on Osteopathic College Accreditation and the American Osteopathic Association (AOA), which accredit osteopathic medical schools and osteopathic graduate medical education (GME), respectively, and the American Association of Colleges of Osteopathic Medicine (AACOM), which supports the schools, have established standards for the quality of education, training, and health care services in osteopathic medicine while upholding the profession's tradition of holistic, patient-centered care. With the 2014 approval of a single GME accreditation system, the AOA and AACOM have been presented with some new and exciting opportunities in the education and training of osteopathic medical students, residents, and physicians. Furthermore, changes in the GME accreditation system may provide an opportunity for the osteopathic

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medical profession to advance diversity education and training in undergraduate medical education to ensure the competitiveness of osteopathic medical school graduates for residency programs.

Single GME Accreditation as Driver of LGBT Health Education Integration

Both the AOA and AACOM are at a critical juncture to address the preparation of osteopathic physicians to meet the evolving health care needs of diverse patient populations. Incorporating accreditation standards for diversity education and training will not only advance the medical education of osteopathic medical students, but may also facilitate improved health care outcomes for LGBT patients. Accreditation standards create a benchmark in education and training as it relates to cultural competency. The hierarchal structures that exist within the education of medical students play an integral role in the creation of culturally sensitive physicians (*Figure*). As such, osteopathic medical schools, the AOA, and AACOM may benefit from collaborative strategic planning in the promotion of integration of LGBT health education, training, and institutional policies.

The Institute of Medicine, The Joint Commission, and the US Department of Health & Human Services have all called for action to prioritize LGBT health issues and disparities.[11,12] The Association of American Medical Colleges and the American Medical Association have both recommended that LGBT cultural competency be included in undergraduate and graduate medical education.[13] Several allopathic medical schools have incorporated LGBT health into their curriculums to educate their students about providing culturally competent care.[13] To support these advancements, the Association of American Medical Colleges recently released a free resource for medical educators online.[13]

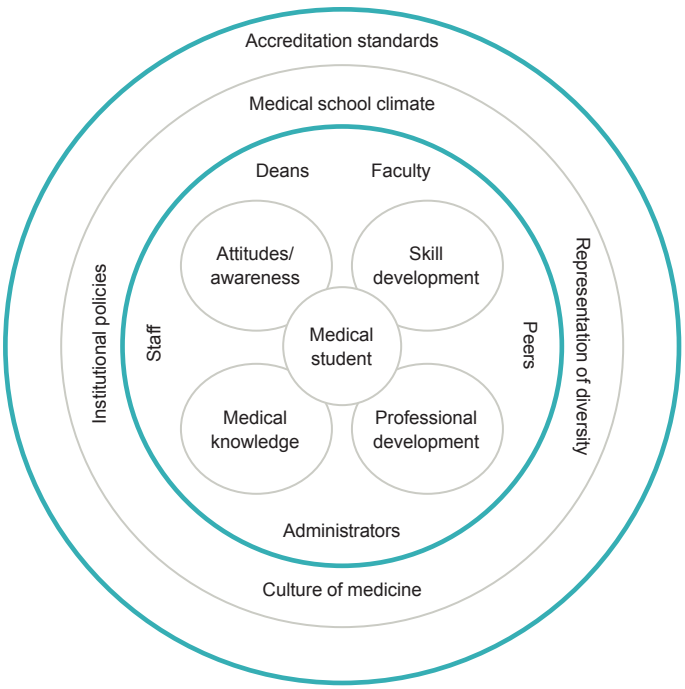

Figure.
Hierarchal structures of factors influencing medical education. All of these factors play an integral role in the creation of culturally sensitive physicians.

In addition, a variety of other options for LGBT-specific educational materials are available online through reputable sources such as the American Medical Association, Fenway Health, and the Gay and Lesbian Medical Association. Various methods have been successfully used to teach LGBT health and include 1-time seminars, standardized patient encounters, and elective courses.[13-15] In addition, integrating pertinent aspects of LGBT health into already existing medical classes might serve as an effective educational route that allows for flexibility, enhanced awareness, and more effective internalization of the material.[13,14] For example, students would learn about hormone therapy during their endocrinology and pharmacology courses and about eating disorders in gay men in their nutrition course. This model is optimal for the already taxed medical school curriculum.

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Many osteopathic medical schools have made it their mission to teach physicians who strive to address health disparities in underserved and underrepresented populations by providing patient-centered care. It is important that the osteopathic medical profession stands at the forefront of change and innovation to ensure that osteopathic medical school graduates will be leaders in health care. Without support from osteopathic accrediting bodies, it will be difficult to include cultural competency and address health care disparities as part of the osteopathic accreditation standards, and we will disadvantage osteopathic medical students in their future practice. Most importantly, we may contribute to the neglect and lack of optimal care experienced by the LGBT patient population. Only through continual modification and growth can we be certain that all osteopathic medical school graduates are following the osteopathic philosophy of patient-centered, holistic care. (doi:10.7556/jaoa.2016.018)

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